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PTO/SB/21 (09-04)  
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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/044,692
Filing Date	January 11, 2002
First Named Inventor	Thomas R. Cech, et al.
Art Unit	1642
Examiner Name	Susan Nmn Ungar
Total Number of Pages in This Submission	last page
Attorney Docket Number	015389-002640US; 018/213C

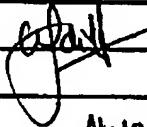
**ENCLOSURES (Check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply (13 pages)	<input type="checkbox"/> Petition for Revival of Application (2 pages)	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> last page marker (1 page)
<input type="checkbox"/> Supplemental Information Disclosure Statement (2 pages)	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		
Fee Transmittal to accompany Amendment and IDS transmitted earlier today		

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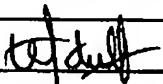
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**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	Geron Corporation		
Signature			
Printed name	J. Michael Schiff		
Date	Nov 10/05	Reg. No.	40,253

**CERTIFICATE OF TRANSMISSION/MAILING**

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Signature			
Typed or printed name	MICHAEL SCHIFF		
	Date	Nov 10/05	

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

**geron**

**GERON CORPORATION  
230 Constitution Drive  
Menlo Park, CA 94025  
Phone: (650) 473-7700  
Fax: (650) 473-8654**

*Facsimile Transmittal Sheet*

**LAST PAGE**

**USSN 10/044,692**

**Attorney Docket**

**015389-002640US; 018/213C**

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<b>TRANSMITTAL FORM</b>	
(to be used for all correspondence after initial filing)	
Total Number of Pages in This Submission	Last page

Approved for use through 07/31/2006 OMB 0611-0007  
 U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Application Number	10/044,692
Filing Date	January 11, 2003
First Named Inventor	Thomas R. Czech, et al.
Art Unit	1642
Examiner Name	Susan Ninn Ungar
Attorney Docket Number	016386-002640US; 016/215C

<b>ENCLOSURES</b> (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply (16 pages) <input type="checkbox"/> After Final <input type="checkbox"/> Attestation/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Supplemental Information Disclosure Statement (2 pages) <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.63	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition for Revival of Application (2 pages) <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Disclosure(s) (please identify below): last page marker (1 page)
<input type="checkbox"/> Remarks Fee Transmittal to accompany Amendment and IOP transmitted earlier today		

<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>			
Pfirm Name	Geron Corporation		
Signature			
Printed Name	J. Michael Schiff		
Date	Nov 10/05	Reg. No.	40,253

<b>CERTIFICATE OF TRANSMISSION/MAILING</b>			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage on first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature			
Type or printed name	J. Michael Schiff		
Date	Nov 10/05		

This collection of information is required by 37 CFR 1.6. The information is required to obtain or retain a benefit by the public which is to be provided by the USPTO to process, evaluate, and update applications. This information is voluntary so you are not compelled, including disclosure, presenting, and submitting this completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden may be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20591-1450. Applications to the USPTO, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. Instead, TEL: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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*Effective on 12/08/2004.*  
*Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).*

## FEE TRANSMITTAL For FY 2005

 Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)130 *130*

## Complete If Known

Application Number	10/44,692
Filing Date	January 11, 2002
First Named Inventor	Thomas R. Cech, et al.
Examiner Name	Susan Nmn Ungar
Art Unit	1642
Attorney Docket No.	015389-002640US; 018/213C

## METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>07-1139</u> Deposit Account Name: <u>Geron Corporation</u>				
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
<input checked="" type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17		<input checked="" type="checkbox"/> Credit any overpayments		

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## FEE CALCULATION

## 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

## 2. EXCESS CLAIM FEES

## Fee Description

Each claim over 20 (including Reissues)

## Small Entity

Fee (\$)

Fee (\$)

Fee (\$)

50 25

200 100

360 180

Multiple Dependent Claims

Total Claims Extra Claims Fee (\$) Fee Paid (\$) Fee (\$)

33 - 20 or HP = 3 x 50 = 150 previously paid = 30

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) Fee (\$)

6 - 3 or HP = 2 x 20 = 400 total independent claims

HP = highest number of independent claims paid for, if greater than 3.

previously paid = 4

Multiple Dependent Claims Fee (\$)

Fee (\$)

Fee Paid (\$)

SUBMITTED BY		Registration No. (Attorney/Agent)	Telephone
Signature		40,253	(650) 473-7715
Name (Print/Type)	J. Michael Schiff	Date	<u>Nov 10/05</u>

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL  
For FY 2005 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$)130

Complete If Known

Application Number	10/44,692
Filing Date	January 11, 2002
First Named Inventor	Thomas R. Cech, et al.
Examiner Name	Susan Nmn Ungar
Art Unit	1642
Attorney Docket No.	015389-002640US; 018/213C

## METHOD OF PAYMENT (check all that apply)

 Check  Credit Card  Money Order  None  Other (please identify): Deposit Account Deposit Account Number: 07-1139 Deposit Account Name: Geron Corporation

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17  Credit any overpayments

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## FEE CALCULATION

## 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

## 2. EXCESS CLAIM FEES

## Fee Description

Each claim over 20 (including Reissues)

Small Entity Fee (\$)

Fee (\$)

Fee (\$)

50 25

Each independent claim over 3 (including Reissues)

200 100

Multiple dependent claims

360 180

## Total Claims

Extra Claims	Fee (\$)	Fee Paid (\$)	Fee (\$)	Fee Paid (\$)
3	50	150	50	25

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Fee (\$)	Fee Paid (\$)
6	2	200	400	200	100

HP = highest number of independent claims paid for, if greater than 3.

total independent claims previously paid = 4

## 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

## 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount) Fees Paid (\$)

Other (e.g., late filing surcharge): Information Disclosure Statement 180

## SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	40,253	Telephone	(650) 473-7715
Name (Print/Type)	J. Michael Schiff			Date	No 10/10/05

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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